000 343

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

riease answer an or the questions listed below.
Number of People on Trip: Name of Person Attending: De an Ibsen Working Title: Wifical Infrastructure ROGRAM NAMED
Name of Person Attending: De an Ibsen Working Title: Lev fical Intrastructure ROCRAM NACE
Department: Administrative Services Division/Bureau/Section: GSE Westical Infrastructive
Will this trip require an overnight stay outside of lowa? No: Yes: 💢 (If No, you do not need this waiver)
City (Cities) Traveling To: 258 de Mq. CA Dates of Travel: May 15 - May 18 2011 Note: The 1695 registration Funding Source: XX Appropriated State: 100% Federal: % Other: % If Other Specify: fee has been been been been been been been bee
Funding Source: Appropriated State: \(\omega \) Federal: \(_\infty \) Other: \(_\infty \) Other; Specify: \(\frac{fee has been waived by the appropriated state funds is 0% - you do not need this waiver) \(\text{The Appropriate} \) Federal:
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc):
Does this Trip Require Executive Council Approval for Conference/Convention? No: 🗌 Yes: 🔯
If Yes, Have You Received Approval? No: 💢 Yes: 🗌 If Yes, Date: Reason for Travel Walver (Select one)
☐ Fulfills statutorily required dutles (Cite the specific statute)
Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)
Has a benefit or potential benefit which significantly outwelghs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.
Information and knowledge gained from the 2011 Sustainable Operations Summit will be
used to identity cost savings relating to building design renovation construction
and speak it as I This will be a product to multiple about the state
with savings far in excess of the cost of the conference,
Department Director Signature Date: 5/5/1/
This form must be signed by a department head or agency director. Email a PDF of the form to executive council@iowa.gov
Executive Council Approval
Additional information to assist you in completing this form.

Additional Information to assist you in completing this form See Fact Sheet for more complete information.

- . This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

APPROVED Executive Council

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1	Contact E-mail: MELISSA.SPEED@DNR.IOWA.GOV
Name of Person Attending: Brian Smith	Working Title: Conservation Officer
Department: Natural Resources	Division/Bureau/Section: Conservation&Rec/Law Enforcement
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ☒	(If No, you do not need this waiver)
City (Cities) Traveling To: Seeley Lake, MT	Dates of Travel: May 23-26, 2011
Funding Appropriated State: Source: Fish and Game Trust Fund 100% Federal:% [(If the coding for the travel claim is appropriate)	Other:% If Other, Specify:on 0000 - you DO NOT need this waiver.)
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Me	eals, Registration, Parking, etc): \$1,426.00
Does this Trip Require Executive Council Approval for Conference/Conve	ention? No: Yes: 🖂
If Yes, Have You Received Approval? No: 🖂 Yes: 🗌 If Yes, Dat	te:
Reason for Travel Waiver (Select one)	
Fulfills statutorily required duties. (Cite the specific statute.) 481A,	, 482A, 483A, 321I, 321J
Has potential to bring cost savings or enhanced revenues to the state program that will receive the cost savings or enhanced revenues and of the saving or revenues attributable to the travel.)	
Has a benefit or potential benefit which significantly outweighs the pourrent Executive Council Fact Sheet for qualifying criteria and provide line below. (If nonrefundable ticket is the justification, date of put	ide that information on
	3
Department Director Signature:	Date: 5-1/-1/
Department Director Printed Name: ROGER LANDE	
·	
This form must be signed by a department head or agency direc	ctor. Email a PDF of the form to executivecouncil@iowa.gov
Additional information to assist you in completing t	
See Fact Sheet for more complete informatio This waiver is required by HF45 from March 7 until June 30, 20	
 If no overnight stay is required at a location out-of-state, the trav 	
incidental and no waiver form needs to be submitted.	· · · · · · · · · · · · · · · · · · ·
 The Council meets each Monday at 10:00 a.m. Deadline for wa Thursday at 12:00 noon. 	aiver is the previous MAY 1 6 2011
If your travel requires both Executive Council approval and the	waiver justification
due to a convention/conference, note that both processes must separately. See Fact Sheet for further explanation.	

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1	Contact E-mail: MELISSA.SPEED@DNR.IOWA.GOV
Name of Person Attending: Martin Konrad	Working Title: Executive Officer
Department: Natural Resources	Division/Bureau/Section: Conservation&Recreation/Fisheries
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ☒ (I	f No, you do not need this waiver)
City (Cities) Traveling To: Mankato, MN	Dates of Travel: 06/27/11-06/28/11
	(If after June 30, 2011 - you DO NOT need this waiver.)
Funding Appropriated State: Source: Fish and Game Trust Fund 100% Federal:% [] (If the coding for the travel claim is appropriation 0)	Other:% If Other, Specify:
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	Registration, Parking, etc): \$137.00
Does this Trip Require Executive Council Approval for Conference/Convention	on? No: ☐ Yes: ☒
	(request submitted)
If Yes, Have You Received Approval? No: ⊠ Yes: ☐ If Yes, Date:	(request submitted)
Reason for Travel Waiver (Select one) Fulfills statutorily required duties. (Cite the specific statute.) 455A.2	· · ·
Has potential to bring cost savings or enhanced revenues to the state. (program that will receive the cost savings or enhanced revenues and profit the saving or revenues attributable to the travel.) Has a benefit or potential benefit which significantly outweighs the potential benefit which significantly outweight which significantly outw	rovide an estimate
current Executive Council Fact Sheet for qualifying criteria and provide	that information on
the line below. (If nonrefundable ticket is the justification, date of purch	that information on
the line below. (If nonrefundable ticket is the justification, date of purch	that information on
Department Director Signature:	that information on nase is required.)
the line below. (If nonrefundable ticket is the justification, date of purch	that information on nase is required.)
Department Director Signature:	that information on nase is required.) Date: 3 - 03 - //
Department Director Signature: This form must be signed by a department head or agency director Additional information to assist you in completing this	Date: Date: Date: Email a PDF of the form to executive council@iowa.gov Executive Council Approval
Department Director Signature: Department Director Printed Name: ROGER LANDE This form must be signed by a department head or agency director Additional information to assist you in completing this See Fact Sheet for more complete information.	Date: 3 — 05 — Date: 5 — 05 — Email a PDF of the form to executive council@iowa.gov Executive Council Approval APPROVED 100 10
Department Director Signature: Department Director Printed Name: ROGER LANDE This form must be signed by a department head or agency director Additional information to assist you in completing this See Fact Sheet for more complete information. This waiver is required by HF45 from March 7 until June 30, 2011. If no overnight stay is required at a location out-of-state, the travel	Date: 3 - 05 - // Email a PDF of the form to executive council@iowa.gov Executive Council Approval APPROVED Executive Council
Department Director Signature: Department Director Printed Name: ROGER LANDE This form must be signed by a department head or agency director Additional information to assist you in completing this See Fact Sheet for more complete information. This waiver is required by HF45 from March 7 until June 30, 2011. If no overnight stay is required at a location out-of-state, the travel incidental and no waiver form needs to be submitted.	Date: Date: Date: Date: Email a PDF of the form to executive council@iowa.gov Executive Council Approval APPROVED Executive Council MAY 1 6 2011
Department Director Signature: Department Director Printed Name: ROGER LANDE This form must be signed by a department head or agency director Additional information to assist you in completing this See Fact Sheet for more complete information. This waiver is required by HF45 from March 7 until June 30, 2011. If no overnight stay is required at a location out-of-state, the travel	Date: Date: Date: Date: Email a PDF of the form to executive council@iowa.gov Executive Council Approval APPROVED Executive Council MAY 1 6 2011

000 346

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip:	1		879
Name of Person Attending:	ourtney Kay-Decker	Working Title:	Director
Department: Revenue		Division/Bureau/Section	on:
Will this trip require an overnight s	tay outside of lowa? No: 🗌 Yes: 🔯	(If No, you do not need	I this waiver)
City (Cities) Traveling To:	maha	_Dates of Travel:Ju	ne 12, 2011 - June 15, 201
Funding Source: XAppropriate	d State: 100% Federal:% (If the appropriated state funds is 0% -		Specify:
Total Projected Cost of Trip (Includ	le Transportation, Mileage, Lodging, Meals	s, Registration, Parking,	etc):\$1,191.22
Does this Trip Require Executive C	ouncil Approval for Conference/Convention	on? No: Yes: 🛚	
If Yes, Have You Received Approva			
☐ Fulfills statutorily required du	ties (Cite the specific statute)		
Has potential to bring cost sa program that will receive the cof the saving or revenues attr	vings or enhanced revenues to the state (cost savings or enhanced revenues and properties of the travel)	Cite the specific rovide an estimate	ee attached
	efit which significantly outwelghs the pote Fact Sheet for qualifying criteria and prov v.		
Department Director Signature This form must be signed	by a department head or agency director	Date: 5/10/	
			Executive Council Approval
Additional informat	tion to acciet you in completing this	form	

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

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Executive Council

Out-Of-State Travel Waiver Justification

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This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1	Contact E-mail: millie.frese@iowa.gov
Name of Person Attending: Millie Frese	Working Title: National History Day Coordinator
Department: Cultural Affairs	Division/Bureau/Section: Historical Division
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: x	(If No, you do not need this waiver)
City (Cities) Traveling To: College Park, Maryland	Dates of Travel: June 9-16
	(If after June 30, 2011 – you DO NOT need this waiver.)
Funding Source: Appropriated State: 100% Federal: _% xC (If the coding for the travel claim is appropriation	
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Mea	ls, Registration, Parking, etc): \$1300.00
Does this Trip Require Executive Council Approval for Conference/Convent	ion? No: X Yes:
If Yes, Have You Received Approval? No: \(\subseteq \text{ Yes: } \subseteq \text{ If Yes, Date:} \)	
Reason for Travel Waiver (Select one) X Fulfills statutorily required duties. (Cite the specific statute.) Has potential to bring cost savings or enhanced revenues to the state. program that will receive the cost savings or enhanced revenues and pof the saving or revenues attributable to the travel.)	(Cite the specific
Has a benefit or potential benefit which significantly outweighs the pot current Executive Council Fact Sheet for qualifying criteria and provide the lines below. (If nonrefundable ticket is the justification, date of pur	e that information on
The State Coordinator must attend the National History Day contest with the midd	le and high school students that advanced to the national contest
following the state contests held April 25 and May 2.	
1/1/1/1	1
Department Director Signature:	Date: 5/11/11
Department Director Printed Name: Mary Cownie	_
This form must be signed by a department head or agency director	Fmail a PDF of the form to executive council@iowa.gov

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED Executive Council

000 348

Out-Of-State Travel Waiver Justification

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If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

	Please answer all of the qu	iesuojis listeu delow.	
Number of People on Trip:	1	Contact E-mail:	MELISSA.SPEED@DNR.IOWA.GOV
Name of Person Attending:	Bryan Daniels	Working Title:	Natural Resources Technician 1
Department: Natural Reso	urces	Division/Bureau/9	Section Conservation&Rec/Fisheries/Fish Culture
Will this trip require an ove	rnight stay outside of lowa? No: 🗌 Yes: 🗵	(If No, you do not ne	eed this waiver)
City (Cities) Traveling To:	Mt. Vernon, MO	Dates of Travel:	05/23/11-05/27/11 (revised dates*) (5/31/2011 -6/3/2011 dates originally EC approved) 011 – you DO NOT need this waiver.)
	ne Trust Fund 100% Federal:% (If the coding for the travel claim is appropriate	☐ Other:% If Con 0000 - you DO NOT	Other, Specify:
Total Projected Cost of Trip	(Include Transportation, Mileage, Lodging, M	eals, Registration, Parl	king, etc): \$200
Does this Trip Require Exe	cutive Council Approval for Conference/Conve	ntion? No: 🛛 Ye	s: 🗆
If Yes, Have You Received	Approval? No: Yes: If Yes, Da	te:	S *
Reason for Travel Waiver (Select one)		
\boxtimes	455A (*Wa	.2, 456A.23, 481A.4 iver originally approved on the requested due to fish	05/02/11 for 05/31/11-06/03/11 travel. Date being ready sooner than originally estimated.)
Has potential to bring program that will rece	cost savings or enhanced revenues to the stative the cost savings or enhanced revenues an ues attributable to the travel.)	te. (Cite the specific d provide an estimate	
current Executive Col	itial benefit which significantly outweighs the p incil Fact Sheet for qualifying criteria and prov irefundable ticket is the justification, date of pu	ride that information or	n
		· · · · · · · · · · · · · · · · · · ·	2 5
Department Director Signa Department Director Printe	7717 1100	Date:	5-11-11
		4 FN - DDF -546	from to averaging and Helicity
	e signed by a department head or agency direc		
This waiver is required in the Council meets Thursday at 12:00 relifyour travel required.	Information to assist you in completing a Fact Sheet for more complete information and by HF45 from March 7 until June 30, 20 is required at a location out-of-state, the transver form needs to be submitted. each Monday at 10:00 a.m. Deadline for whom the second was both Executive Council approval and the Voonference, note that both processes must	on. 111. vel is considered aiver is the previous waiver justification	Executive Council Approval APPROVED Executive Council MAY 1 6 2011

Out-Of-State Travel Waiver Justification

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Please answer all of the questions listed below.

200 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Number of People on Trip: 1 Contact E-mail: lampe@dps.state.ia.us
Name of Person Attending: 1 Thomas Lampe Working Title: Sergeant
Department: Department of Public Safety Division/Bureau/Section: lowa State Patrol
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)
City (Cities) Traveling To: Springfield , Illinois Dates of Travel: June 6th, 2011-June 7th, 2011
(If after June 30, 2011 – you DO NOT need this waiver.)
Funding Source: Appropriated State:%
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$198.00
Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒
If Yes, Have You Received Approval? No: Yes: If Yes, Date:
Reason for Travel Waiver (Select one)
Fulfills statutorily required duties. (Cite the specific statute.)
Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)
This workshop will discuss ways for States that surround each other to find ways to improve or enhance Interstate Interoperability. This Information
Sharing is critical for success if an event occurs threatening homeland security in which there is a multistate response. It is important for States that
Surround lowa to be aware of lowa's capabilities' in the event of a disaster.
Department Director Signature: Date:
Department Director Signature:
This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov
Executive Council Approval

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

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APPROVED Executive Council